FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **399721** **(0)**

1. Corporate Name
PEEKAY MANUFACTURING CORP

Principal Place of Business
301 S W 8TH ST
MIAMI FL 33130

Mailing Address
301 S W 8TH ST
MIAMI FL 33130

3. Date Incorporated or Qualified: **04/21/1972**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: **59-1403274** — Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
FEIERTAG,PHILIP
301 SW 8TH ST
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
PST	FEIERTAG, JONATHON.	21424 N.E. 19 COURT.	NO. MIAMI BEACH FL	[ ] DELETE
D	FEIERTAG, PHILIP	1111 CRANDON BLVD	MIAMI, FL 00000	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE [ ] Change [ ] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2 TITLE [ ] Change [ ] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3 TITLE [ ] Change [ ] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4 TITLE [ ] Change [ ] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5 TITLE [ ] Change [ ] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6 TITLE [ ] Change [ ] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing, true, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes/additions are attached with an asterisk.

SIGNATURE: X Jonathon Feiertag 1/18/96 305-856-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)